

<b>United States Bankruptcy Court</b> <b>61288, Houston, TX 77208</b>		<b>SOUTHERN DISTRICT OF TEXAS P.O.Box</b> <b>(Houston Division)</b>		<b>PROOF OF CLAIM</b>	
Name of Debtors <input checked="" type="checkbox"/> <b>Stage Stores, Inc., a Delaware corporation</b> <input type="checkbox"/> <b>Specialty Retailers, Inc., a Texas corporation</b> <input type="checkbox"/> <b>Specialty Retailers, Inc. (NV), a Nevada corporation</b>  <small>*place an "x" beside the name of the Debtor you are filing a claim against</small>		Case Number  00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-16998   <div style="text-align: center;"> <i>United States District Court</i>  <i>Southern District of Texas</i>  <b>JUL 5 2000</b>  <i>Michael N. Milby, Clerk</i> </div>	
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Delta News Citizen		<input type="checkbox"/> <b>Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</b>			
Name and address where notices should be sent:  *****AUTO**ALL FOR AADC 630 Delta News Citizen PO Box 701 Malden MO 63863-0701  		<input type="checkbox"/> <b>Check box if you have never received any notices from the bankruptcy court in this case</b>  <input type="checkbox"/> <b>Check box if the address differs from the address on the envelope sent to you by the court.</b>			
Account or other number by which creditor identifies debtor:  001031		<input type="checkbox"/> Check here if this claim replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Newspaper Advertising</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)  Your SS#: _____  Unpaid compensation for services performed from _____ (date) to _____ (date)			
<b>2. Date debt was incurred:</b> <u>MAY 2000</u>		<b>3. If court judgment, date obtained:</b>			
<b>4. Total Amount of Claim at Time Case Filed: \$ <u>1,021.83</u></b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____			<b>6. Unsecured Priority Claim.</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>1,021.83</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			This Space Is for Court Use Only		
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date  <u>6-29-00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <u>Barbara L. Hill, Publisher</u> <u>Barbara L. Hill</u>				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

871

STAGE STORES, INC.  
 BEALLS \* PALAIS ROYAL \* STAGE  
 10201 Main Street Houston, TX 77025 FAX (713) 838-4387  
 For schedule and shipping information, call our ROP hotline (713) 838-4370

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 INSERTION ORDER
 

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Volter: Delta News  
 10201 Main St  
 Houston, TX 77025  
 FAX (713) 838-4387

ORIGINAL NUMBER 35060  
 DATE: APRIL 20, 2000  
 VOICE #: 573-276-5148  
 FAX #: 1573-276-3687

SECTIONS FOR: Sun, 04/30/00 - Sat, 05/13/00 SSI STORE #: 0579 7S PAGE 1

PLEASE SCHEDULE ADS LISTED BELOW FOR WEEKS OF APRIL 30 THRU MAY 13, 2000.

\*\* PLEASE SHOW YOUR LOCAL STORE A COPY OF THE AD BEFORE IT RUNS! \*\*

YOU ARE RESPONSIBLE FOR REVIEWING AND SCHEDULING THE ADS LISTED BELOW. OUR ACCOUNTS PAYABLE DEPT. WILL PAY ONLY FOR ADS ORDERED BY STAGE STORES INSERTION ORDERS. FAILURE TO FAX CONFIRMATION TO (713) 838-4387 MAY RESULT IN NON-PAYMENT.

DATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
Sec 5/10	0050467.BJKLPS	MN	6 Col x 11"	B&W ROP	MOM'S DAY SUPER WKD

Please sign and fax back (with NO cover sheet) to (713) 838-4387

Signature

Printed Name

Date

End of Insertion Order submitted Thu, APRIL 20, 2000

Wed. 5-10

From: Stage Stores

04/27/00 10:04 - P.01/01

STAGE STORES, INC.  
BEALLS \* PALAIS ROYAL \* STAGE  
10201 Main Street Houston, TX 77025 FAX (713) 838-4387  
For schedule and shipping information, call our ROP hotline (713) 838-4370

Already  
faxed 4-27-00  
2:40

INSERTION ORDER

ORIGINAL NUMBER 35892  
DATE: APRIL 27, 2000  
VOICE #: 573-276-5148  
FAX #: 1573-276-3687

SECTIONS FOR: Sun, 05/14/00 - Sat, 05/27/00 SSI STORE #: 0579 7S PAGE 1

ALL SCHEDULE ADS LISTED BELOW FOR WEEKS OF MAY 14 THRU MAY 27, 2000.  
PLEASE SHOW YOUR LOCAL STORE A COPY OF THE AD BEFORE IT RUNS!\*\*  
STAGE STORES IS RESPONSIBLE FOR REVIEWING AND SCHEDULING THE ADS LISTED BELOW. OUR ACCOUNTS PAYABLE DEPT. WILL PAY  
ADS ORDERED BY STAGE STORES INSERTION ORDERS. FAILURE TO FAX CONFIRMATION TO (713) 838-4387 MAY  
RESULT IN CANCELLATION.

DATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
Wed 5/17	0050400.BPS	MN	6 Col x 21.5"	B&W ROP	ONE DAY SALE
Wed 5/24	0050504.BPS	MN	3 Col x 10"	B&W ROP	MEMORIAL DAY SALE

Please sign and fax back (with NO cover sheet) to (713) 838-4387

Gloria Moore

Gloria Moore  
Printed Name

4-27-00  
Date

End of Insertion Order submitted Thu, APRIL 27, 2000

**DELTA NEWS • CITIZEN**

P.O. BOX 701  
127 WEST MAIN STREET  
MALDEN, MO 63863

(573) 276-5148

STAGE

( 001031 )

ATTN: BRENDA SUIRE  
10201 MAIN STREET  
HOUSTON

TX 77025

JUNE 30, 2000

DATE

PAGE

NUMBER

1 OF 1

AGING ANALYSIS:

CURRENT . . . .	\$304.50
OVER 30 DAYS .	\$717.33
OVER 60 DAYS .	\$0.00
OVER 90 DAYS .	\$0.00
OVER 120 DAYS .	\$0.00

DATE	RATE	OT	TYPE	DESCRIPTION	ZONES	AMOUNT	BALANCE
PREVIOUS BALANCE							\$862.00
05/10	A	66.00	INCH	WEEKEND SALE/SAU		\$297.00	\$1,159.00
05/17	A	129.00	INCH	ONE DAY SALE/SAU		\$580.50	\$1,739.50
05/24				CK# 646455 -----THANK YOU		\$832.50-	\$907.00
05/24	A	30.00	INCH	MEMORIAL DAY SALE/SAU		\$135.00	\$1,042.00
06/01				ADJ RATE 12-08-99		\$8.40-	\$1,033.60
06/01				ADJ RATE 12-15-99		\$19.35-	\$1,014.25
06/01				ADJ RATE 12-29-99		\$7.50	\$1,021.75
06/14	A	66.00	INCH	JUNE SALE/SAU		\$297.00	\$1,318.75
06/16				CK# 660437 -----THANK YOU		\$297.00-	\$1,021.75
Sales Tax Included Above:						\$0.00	

1.5% Service charge will be added to all accounts over 60 days past due.

STAGE STORES, INC.  
BEALLS \* PALAIS ROYAL \* STAGE  
10201 Main Street Houston, TX 77025 FAX (713) 838-4387  
For schedule and shipping information, call our ROP hotline (713) 838-4370

## INSERTION ORDER

Client: Delta News  
10201 Main St  
Houston, TX 77025  
Phone: (713) 838-4387  
Fax: (713) 838-4370

REVISION OF NUMBER 35060  
DATE: MAY 5, 2000  
VOICE #: 573-276-5148  
FAX #: 1573-276-3687

INSERTIONS FOR: , - , SSI STORE #: 0579 7S

PAGE 1

## REVISION

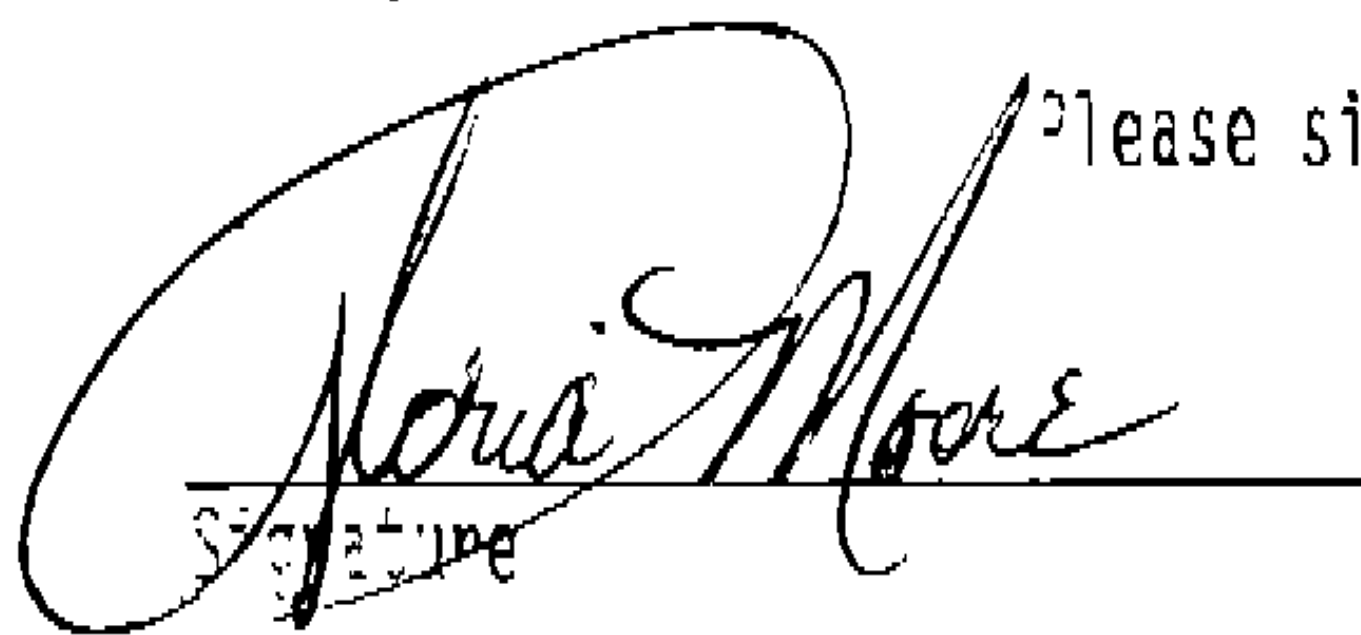
This revision changes only the insertion shown below. Any other dates ordered on original insertion order are not affected.

PLEASE REVISE PREVIOUS ORDER

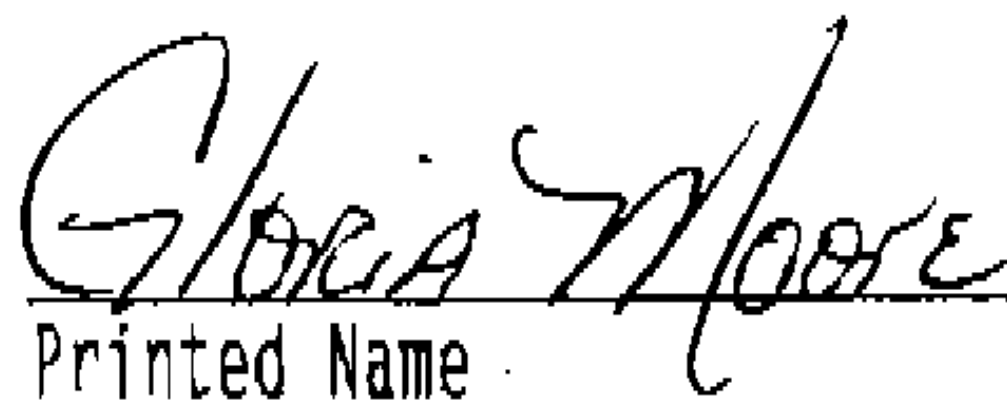
EXPLANATION: \_\_\_\_\_

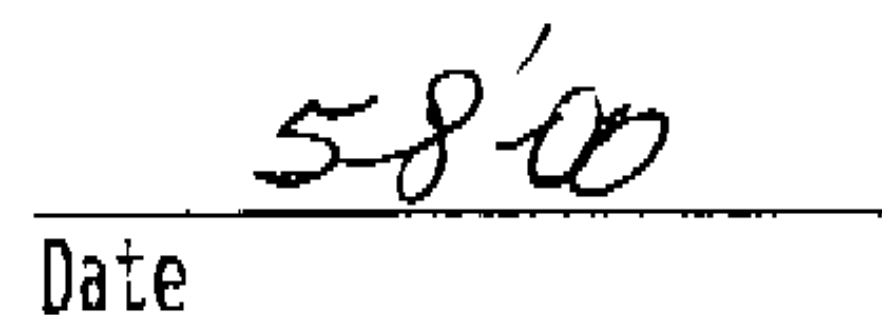
NEW CORRECTED AD BEING SENT 5/5 FOR AD LISTED BELOW. IF YOU HAVE EARLY DEADLINE WE CAN FAX COPY OF CHANGE.  
YOU MAY CALL KIM 713-838-4370 OR SANDRA 713-295-5453

DATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
5/5/00	9059467.BJLPS	MN	6 Col x 11"	B&W ROP	MOM'S DAY SUPER WKD

  
Signature

Please sign and fax back (with NO cover sheet) to (713) 838-4387

  
Printed Name

  
Date

End of Insertion Order submitted Fri, MAY 5, 2000